

Division of Corporations

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LO10000003653

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

MJM

Electronic Filing Cover Sheet

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((H01000025419 2)))

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To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR -9 PM 12:31

RECEIVED

LIMITED LIABILITY COMPANY

BRICKELL REALTY INVESTORS, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR -9 PM 4:39

FILED

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

H 01000025419

ARTICLES OF ORGANIZATION

FOR

BRICKELL REALTY INVESTORS, LLC

ARTICLE I. - NAME

The name of this Limited Liability Company ("Company") shall be:

BRICKELL REALTY INVESTORS, LLC

ARTICLE II. - ADDRESS

The mailing address of the Company is: P.O. Box 728, Palm Beach, Florida 33480.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its Manager; the name and address of such Manager is:

Name: John J. Quinn

Address: c/o The Christopher Companies  
80 Glen Head Road  
Glen Head New York 11545

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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01 MAR - 9 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

305 541 3770 P.02/04

EMPIRE CORP

MAR-09-2001 12:26

ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

THE PARTY HERETO HAS EXECUTED THESE ARTICLES OF ORGANIZATION  
AS OF THE 9<sup>th</sup> DAY OF MARCH, 2001.



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

Pedro A. Martin

\_\_\_\_\_  
Typed or printed name of signee

TOTAL P.04

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: BRICKELL REALTY INVESTORS, LLC
2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN, ESQ.

NAME

Greenberg, Traurig, P.A.

1221 Brickell Avenue, Suite 2100

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131

CITY, STATE AND ZIP

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
SIGNATURE

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-3-

Miami/03/04/04.DOC

305 541 3770 P.04/04

EMPIRE CORP

MAR-09-2001 12:26

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000003653**

1. Entity Name

**BRICKELL REALTY INVESTORS, LLC**

Principal Place of Business

P.O. BOX 728  
PALM BEACH FL 33480

Mailing Address

P.O. BOX 728  
PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.  
C/O GREENBERG, TRAUIG, P.A.  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI FL 33131**

4. FEI Number

**52-2301686**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
QUINN, JOHN J  
80 GLEN HEAD ROAD  
GLEN HEAD NY 11545**☐ Delete

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/29/02****561****818-2252**

90364



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90105 027 \*\*\*\*50.00

**DOCUMENT # L01000003653**

1. Entity Name

**BRICKELL REALTY INVESTORS, LLC**

Principal Place of Business

P.O. BOX 728  
PALM BEACH FL 33480

Mailing Address

P.O. BOX 728  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **52-2301686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, PEDRO A ESQ.  
C/O GREENBERG, TRAURIG, P.A.  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May-1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
QUINN, JOHN J  
80 GLEN HEAD ROAD  
GLEN HEAD NY 11545** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
TAMARA J. FISHER  
164 SEMINOLE AVENUE  
PALM BEACH, Florida  
33480** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**TAMARA J. FISHER** **2/1/03** **561 848-2252**

CR2ED63 (10/02)